

# Together for Kids and Families

## Dental/Medical Home Work Plan

Updated February 19, 2015

Together for Kids & Families Goals				
Early care and education in Nebraska is high quality, developmentally appropriate, and accessible to all children.	All Nebraska children have access to a dental/medical home, and receive high quality health services.	The early childhood social, emotional, and behavioral health needs of Nebraska's children are met.	Nebraska families support their children's optimal development by providing safe, healthy, and nurturing environments	
Strategies	Action Steps	Who	Completion Date	Activities/Notes/Resources
<b>Strategy 3</b> <i>Implement and sustain the dental/medical home as a standard of care.</i>	3.1 Promote the family-centered medical home approach through partnerships with relevant organizations and agencies including families.		7/31/2016	3.1 Medicaid and MCOs are primary providers of medical and dental services to young children.
	3.2 Provide ongoing education about the dental/medical home approach a. Identify standards of care and standards of practice that characterize the family-centered medical home: <ul style="list-style-type: none"> <li>Bright Futures, EPSDT, national medical home organizations, NE Medicaid medical home standards;</li> <li>Social and emotional/behavioral health: integrated practice, toxic stress, early trauma, trauma-informed care in the medical home;</li> </ul>		2/1/2015	3.2 Organize a working team to identify standards of care and standards of practice that characterize key aspects of a family-centered medical home.  Organize a working team to identify standards of care and standards of practice that characterize key aspects of a family-centered dental home.
			4/15/2015	Discuss approaches for developing content on trauma-

	<ul style="list-style-type: none"> <li>Dental topics: inspection, screening, referral, anticipatory guidance, teaching, application of varnish; and</li> <li>Commitment to high level of family communication and support.</li> </ul> <p>b. Identify methods, audiences, opportunities. What do families and providers need to know?</p> <p>c. Update the medical home brochure.</p> <p>d. Measure impact of education efforts.</p>		<p>6/30/2015</p> <p>12/15/2015</p>	<p>informed care in dentistry [i.e., trauma cards]</p> <p>Will a work group member volunteer to research existing state of practice?</p> <p>Develop information through the eyes of a family: what will they see in a family-centered medical home? What questions should they ask?</p> <p>Update the medical home brochure.</p>
	<p>3.3 Profile existing medical home models serving NE children.</p> <p>a. Medicaid pilot project, Medicaid Managed Care Organizations, Children's Hospital, PTI;</p> <p>b. Focus on measures of effectiveness or impact;</p> <p>c. Align with standards of medical home;</p> <p>d. Identify role of care coordination;</p> <p>e. Identify role of parent peers;</p> <p>f. Identify strengths and barriers;</p> <p>g. Identify how, in each, the needs of the child are met</p>		<p>4/15/2015</p> <p>7/31/2015</p> <p>12/15/2105</p>	<p>3.3 Discuss a methodology to inventory practices in Nebraska with medical home approaches.</p> <p>Develop and administer survey.</p> <p>Analyze and develop results.</p>
	<p>3.4 Focus on reimbursement and other considerations of offering care coordination services in the medical home.</p> <p>a. Note new policy developments over past 8 years.</p>	TFKF Coordinator and co-chairs organize topics and presenters for Work Group meetings		

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<b>Strategy 4</b> <i>Promote the development of infrastructure and systems to assure access to preventive oral health care for young children.</i>	4.1 Promote preventive oral health care access for children aged 0-8 years. ASSESS: a. EPSDT rates of eligible children enrolled and receiving dental care; b. Impact of public health dental hygienists; c. Role of local public health departments in preventive dental care, and other non-clinical settings for preventive oral health services; d. Trauma-informed practices in dental care for young children; and e. Whether the public would be served by a directory (on-line?) of low cost dental services statewide.			4.1 Discuss a methodology to assess needed information. Make assignments to WG members on listed topics and schedule for reports at future meetings and/or sharing via email.  Determine the level of information and resources on dental health providers available from: the Oral Health website; Nebraska Resource and Referral System (NRRS); and Healthy Mothers Healthy Babies Helpline. Determine the contribution the WG can/should make.
	4.2 Align work group activities with the Nebraska Oral Health State Plan (draft), DHHS Office of Oral Health as related to the young child.			4.2 WG members in Office of Oral Health will guide and influence the direction of activities the WG can undertake in support of the State Plan when finalized.
	4.3 Promote preventive dental care in the pediatric medical home.			4.3 Identify a team to work with Medicaid and MCOs on messaging for populations served – develop articles for quarterly MCO newsletters.

				<p>Support developments in Medicaid to adapt medical home model of care to dental care.</p> <p>Promote messaging on first visit by first tooth or first birthday.</p>
	4.3 Apply systems-building approaches to the dental/medical home: improve utilization of dental services by Medicaid-eligible young children aged 0-3 years.			4.4 Base actions on findings reported in 4.4 a.
	4.4 To the extent possible, continue to participate in the distribution of dental hygiene supplies for young children.			